IN CASE OF ARREST

(Fill this out and give this to a trusted person who does not live with you and will not be attending the same protests.)

Full Legal Name:_____
Date of Birth:_____
Please include a copy of one or more attached to this document: Your passport, real ID, birth certificate, driver's license, military ID, any other government-issued IDs.

Do you have a Lawyer? Yes No
Name and phone number of lawyer:

_____
_____

Do you have any medical conditions I should know about?

_____
_____

Do you take any medications? Yes No
Can you go without these medications in case of detainment? If so, for how long?

_____
_____

Where are you most likely to be put?
Men Women Solitary Psychiatric Deported Unkown
Which place would you like to be put?
Men Women Solitary Psychiatric Deported No preference

Do you have any children that need to be taken care of? Yes No
Who should I contact to take care of your children? Name and number:

_____
_____

Do you have any pets that need to be taken care of? Yes No
Who should I contact to take care of these pets? Name and number:

_____
_____

Do you have work that needs to be notified that you will not be coming in? Yes No
Please list job(s) name of contact and numbers:

_____
_____
_____

What should I say when calling in to your work?

Do you have a vehicle that you plan on using to commute to protest that will need to have parking paid or that someone will need to retrieve from impound? Yes No
License plate, make, model:

Who else should I contact in case of your arrest?

Is there anything else I should know?